

# WILLAMETTE UNIVERSITY COLLEGE OF LAW OFFICIAL REGISTRATION

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LAST

FIRST

MIDDLE INITIAL

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STUDENT ID NO.

COURSE #	SECT. #	COURSE TITLE	HOURS	PROFESSOR

**Total Hours:** \_\_\_\_\_

**Graded Hours:** \_\_\_\_\_

**\*Approved By:** \_\_\_\_\_

\* Any student on academic probation must obtain approval from the Associate Dean for Student Affairs.

PROGRAM (Check One)	CLASS (Check One)	THIS REGISTRATION IS FOR:
<input type="checkbox"/> Full-time Program	<input type="checkbox"/> Law 1	Fall 20 _____
<input type="checkbox"/> Part-time Program	<input type="checkbox"/> Law 2	Spring 20 _____
<input type="checkbox"/> Joint Degree: JD/BA	<input type="checkbox"/> Law 3	Summer 20 _____
<input type="checkbox"/> Joint Degree: JD/MBA	<input type="checkbox"/> LLM	Winter 20 _____
<input type="checkbox"/> Non-degree seeking	<input type="checkbox"/> MLS	_____
	<input type="checkbox"/> Visitor	_____